

Annual South Carolina School Health Nursing Survey and Program Summary, 2006 – 2007
(Please complete ONE summary per school district)

Name: _____

Title: _____ School District: _____ County: _____

Total Students Enrolled: _____ Total Number of Schools: _____

I. School Health Personnel

- A. Please indicate the number of Registered Nurses employed in your school district by the highest level of education that they attained.

_____ Total Number of all RNs

- B. Total number of RNs with:

_____ Master's Degree _____ Nurse Practitioner _____ BS _____ Diploma _____ ADN

Also – please indicate the number of the following personnel that you have working in School Health in your school district.

_____ LPN _____ Health Aide/Clerk

- C. School Health Program Supervisor/Coordinator (Name/Title):

Administrative: _____

Nursing: _____

II. School Health Policies

- A. Does the school district have approved policies for

_____ Medication administration	_____ Injury reporting	_____ Emergency Response
_____ HIV/Chronic Infectious Disease Management	_____ 2 persons/each school trained in CPR	_____ 2 persons/each school trained in First Aid

- B. Does the district have a School Health Advisory Council? _____ Yes _____ No

- C. Are School Health records computerized? _____ Yes, Totally _____ Yes, Partially _____ No, Not at all

III. Chronic Illness/Disabilities

- A. Number of deaths from chronic illness? _____

For any deaths that occurred, please list the specific illness(es):

B. Health Conditions (Note: If you only have totals, enter this information in the total Column)

Type of Condition	Number of Students with Known Condition				Number of Days Lost This School Year/Condition
	Elementary School	Middle School	High School	Total	Total
ADD/ADHD					
Allergies (Severe)					
Anorexia/Bulimia					
Asthma					
Cerebral Palsy					
Cytomegalovirus					
Cystic Fibrosis					
Diabetes					
Down's Syndrome					
Epilepsy					
Genetic Diseases, Other					
Functional Heart Murmur					
Congenital/Other Cardiac					
Hemophilia/Bleeding Disorder					
Hepatitis B					
HIV/AIDS					
Malignant Disease					
Migraine Headaches					
Neuromuscular Disease					
Muscular Dystrophy					
Multiple Sclerosis					
Orthopedic Disability (Permanent)					
Psychiatric Disorder					
Renal Disease					
Rheumatoid Arthritis					
Sickle Cell Anemia					
Substance Abuse (Known)					
Ulcers					
Other					
Total					

C. Medications

	Elementary School	Middle School	High School
Number of Students on long-term medicine (3 weeks or more)			
Number of Students on short-term medicine (less than 3 weeks)			
Number of students on PRN medicines			
Title of person <u>responsible</u> for medication procedures			
Title of person who usually administers medicine			

D. Home Visits:

	Elementary School	Middle School	High School
Number of home visits made by SHN			

E. Number of handicapped or chronically ill children needing specialized care:

	Elementary School	Middle School	High School
Catherizations			
Stoma Care			
Range of Motion Exercises			
Tube Feedings			
Respirator Care			
Suctioning			
Tracheostomy Care			
Other (Specify _____)			

IV. Injuries

A. How many at-school injuries resulted in:

_____ In permanent disability _____ In death? _____ From incidents requiring law enforcement intervention?

Please specify disabilities: _____

B. Estimated at-school minor injuries requiring first aid: _____

C. Please check the best answer to the following question: "How often was a nurse available (present on school premises) to assist a student when an injury occurred?"

_____ Available all the time _____ Available most of the time _____ Seldom Available _____ Never Available

D. Who is responsible for first responder care and triage for serious injuries (please check all that apply to your district)

_____ School Nurse _____ Principal _____ Health Aide _____ Secretary _____ Other

E. If a person other than the school nurse provides care for students who are sick or injured at school, does that person work under the supervision of a nurse?

_____ Yes _____ No

F. Injury Types/Locations

In the table below, report only those injuries requiring EMS response or immediate care by a physician or dentist and loss of ½ or more days of school.

Type of Injury (Give # in each category)	Bus	Hallway	Classroom	Play/School Grounds	PE Class	Shop	Restroom	Lunchroom	Other
Respiratory Emergencies									
Head Injury									
Back Injury									
Eye Injury									
Fracture									
Sprain or Strain									
Laceration									
Dental Injury									
Anaphylaxis									
Psychiatric Emergencies									
Heat Related Emergencies									
Other _____									

V. Other Health Concerns

A. Known Pregnancies:

	Elementary School	Middle School	High School
Total number of known pregnancies			
Of these known pregnancies how many:			
Number that received homebound services			
Number that dropped out of school permanently			

B. Abuse (reported cases):

	Elementary School	Middle School	High School
Number of child abuse cases			
Number of sexual abuse cases			

C. Known suicide/homicide in school age students:

	Elementary School	Middle School	High School
Number attempting suicide			
Number of deaths from suicide			
Number of suicides occurring at school			
Number of deaths from homicide			
Number of homicides occurring at school			

D. Number counseled/assisted by the School Nurse in the following areas:

	Elementary School	Middle School	High School
Reproductive information			
Pregnancy			
Substance abuse			
Suicide			
Child Abuse			
Homicide			

VI. Screening

A. Grades screened: _____ State recommended _____ Less than state recommended _____ More than state recommended

B. Please indicate below the number of students who were screened for the following, as well as the number referred and the number of completed referrals:

Screening	Number Screened	Number Referred	# Referrals Completed
Hearing			
Vision			
Dental			
Developmental			
Growth			
Spinal			
Blood Pressure			
Other _____			

VII. Health Education

Comprehensive health education is taught by the following: (Check all that apply)

_____ Health education teacher _____ Physical education teacher _____ Classroom teacher
_____ School health nurse _____ Outside speaker _____ Other (specify: _____)

VIII. Health Services Units (HSUs)

_____ Number of schools with HSUs
_____ Number of schools without HSUs

Of the schools in your district that have HSUs, how many of the HSUs have the following:

_____ Heat _____ Telephone _____ Toilet facilities _____ Locked medication cabinet
_____ Water _____ Privacy _____ Secure health record file _____ Air conditioning

IX. Salary

A. Current Annual (9-10 Month) Salary

Note: Salary information is used to compile state average and range. It is useful for nurses negotiating salary and documenting trends toward more appropriate salary levels for SHNs. This information is not otherwise divulged.

_____ Average salary of all RNs
_____ Average salary of supervisor/coordinator
_____ Average salary of SNP/PNP/FNP

B. Are RNs on teacher salary scale? _____ Yes _____ No

X. Equipment

Please list the number of equipment pieces in your district for each of the following items:

Equipment	Number	Number Calibrated
Audiometers		
Sphygmomanometers		
Balance Beam Scales		
Vision Screening Machines		

Please return survey by June 30, 2007 to:

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Thank you for your voluntary participation in this survey.